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CONFIRMATION NO. 4777

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/710,778   | <b>FILING OR 371(c) DATE</b><br>08/02/2004<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1655   | <b>ATTORNEY DOCKET NO.</b><br>108064-00196 |
| <b>APPLICANTS</b><br>Muhammed Majeed, Piscataway, NJ;<br>Subbalakshmi Prakash, Piscataway, NJ;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/481,736 12/03/2003<br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/08/2004</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>10                  |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>1             |
| <b>ADDRESS</b><br>4372   |   |                               |   |  |
| <b>TITLE</b><br>COMPOSITIONS AND METHODS FOR THE MANAGEMENT OF HYPERPROLIFERATIVE DERMATOLOGICAL CONDITIONS  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |